

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33131

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1003

8894

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2245a Keokuk St. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... years, months or days)

3. (a) PRINT FULL NAME **John P. Grummel**

3. (b) If veteran,  
name war.....

3. (c) Social Security  
No.....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married,  
divorced **Married**

6. (b) Name of husband or wife **Ione M. Grummel** 6. (c) Age of husband or wife if  
alive **57** years

7. Birth date of deceased **March 17, 1886**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**57** **6** **18** hr. min.

9. Birthplace **St. Louis** **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk**

11. Industry or business

MOTHER FATHER { 12. Name **John Grummel**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Roffes**  
(City, town, or county) (State or foreign country)

15. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ione Grummel**

(b) Address **2245a Keokuk St.**

17. (a) **Burial** (b) Date thereof **Oct. 9/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old SS. Peter and Paul**

18. (a) Signature of funeral director **Weick Bros.**

(b) Address **2201 S. Grand Bl.**

19. (a) **OCT 8 1943** (b) **J. F. Bredeck**  
(Date received local Registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2245a Keokuk St.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **5**  
year **1943** hour **8** minute **0** P. M.

21. I hereby certify that I attended the deceased from **7-24-43**  
....., 19....., to **10-5**, 19.....  
that I last saw him alive on **10-5**, 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death **Right Lobe Pneumonia**  
Duration

Due to.....  
Due to.....

Other conditions **Coronary of Medial Heart**  
(Include pregnancy within 3 months of death)  
**glonds.**

Major findings:  
Of operations.....  
Of autopsy.....  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)  
(e) Means of Injury.....

23. Signature **Bernard Black** (M. D. or other)  
Address **3527 0201, H. Davis** Date signed **10-7-43**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*Wm. A. Stewart*

Licensed Embalmer No. 3722

P. O. Address. 412 Duchouquette St.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**